



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF ELECTRICAL EXAMINERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

**APPLICATION FOR LICENSURE AS ELECTRICIAN
INSTRUCTION SHEET**

Information about Board Meetings

Board meetings are normally scheduled for the first Wednesday of the month. (The Board does not meet in August and December.) To assure consideration of your license application at the next Board meeting, the Board office must receive all required documents as explained in this Instruction Sheet no later than 4:30 PM ten full working days before the Board's meeting date. Allow 4-8 weeks to receive your license.

If you have questions, email customerservice.dpr@state.de.us or call (302) 744-4500.

Licensure by Examination Checklist

If you are applying for an original license by examination, the Board of Electrical Examiners must approve you to sit for the examination. Submit the following items for Board approval at least 45 days before the scheduled test date (Section 4.1 of the Board's [Rules and Regulations](#)):

- ☐ Submit completed, signed and notarized [application form](#).
- ☐ Enclose [processing fee](#) by check or money order made payable to "State of Delaware." For fee amount, go to dpr.delaware.gov. Click on "Electrician" and then "Fee Schedule."
- ☐ Submit proof of experience. The experience requirement depends on which kind of license you are applying for.

| IF you are applying for... | THEN submit... |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Master Electrician | <ul style="list-style-type: none">• Verification of Employment form showing six years full-time experience under the supervision of a licensed master electrician.or• Approved training verified by a certificate of completion of apprenticeship from any bona fide, registered apprenticeship program of another state.or• Verification of Employment form showing four years full-time experience under the supervision of a licensed master electrician plus proof of two years of technical training. |
| Limited Electrician | Verification of Employment form showing three years full-time experience under the supervision of a licensed master or limited electrician. |
| Master Electrician Special | Verification of Employment form showing six years full-time experience <i>in the area(s) of specialty</i> under the supervision of a licensed master electrician or master electrician special. |
| Limited Electrician Special | Verification of Employment form showing three years full-time experience <i>in the area(s) of specialty</i> under the supervision of a licensed master electrician, master electrician or limited electrician special. |

- If you cannot obtain the required [Verification of Employment](#) form from the supervising licensed electrician, submit tax form W-2 showing full-time employment and a letter explaining why you cannot obtain the form. Acceptance of proof other than the [Verification of Employment](#) form is at the discretion of the Board.

When the Board has approved your application, the Board office will send you the examination registration form. For more information, see [Testing](#).

Licensure by Reciprocity Checklist

- ☐ Submit completed, signed and notarized [application form](#).
- ☐ Enclose [processing fee](#) by check or money order made payable to "State of Delaware." For fee amount, go to dpr.delaware.gov. Click on "Electrician" and then "Fee Schedule."
- ☐ Submit proof of general liability insurance of at least \$300,000.00
- ☐ Arrange for a letter of good standing and a copy of the State's law and rules and regulations to be sent from **each** state where you hold, or have ever held, an individual electrical license directly to the Delaware Board office.

In addition to the requirements above, you must submit proof of experience *if none of the states where you hold a current license has licensure standards "substantially similar" to those of Delaware*. Use this table to decide whether to submit proof of experience.

| IF you are currently licensed in one of these states... | THEN the licensure standards (see note below)... | AND you... |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maine Michigan Wyoming | are substantially similar | do <u>not</u> need to submit any proof of experience. |
| Arkansas Colorado D.C. Florida Georgia Maryland Nevada New Hampshire New Jersey North Carolina Texas Virginia West Virginia | are <u>not</u> substantially similar | must submit proof of experience for a <i>minimum of five years after licensure</i> : <ul style="list-style-type: none"> For periods of <i>employment</i>, submit a <i>Verification of Employment</i> form describing your experience. If you cannot obtain the required form from the supervising licensed electrician, you may substitute tax W-2 forms showing full-time employment. <u>Include a letter explaining why you cannot obtain the form.</u> For periods of <i>self-employment</i>, you may submit tax form Schedule C as proof of experience. |
| A State or jurisdiction <u>not</u> listed above. | must be evaluated by the Board. | must submit a copy of the other State's law and regulations for evaluation. |

Note: The determination of substantial equivalence may change based, for example, on changes in the other jurisdiction's statute.

Specialty Licenses

If you do not qualify as a Master Electrician but have knowledge in an area(s) of specialty, you may apply for a Master Electrician Special license:

- Electric Signs
- Elevators
- HVAC
- Primary Distribution Systems
- Pools
- Refrigeration

If you do not qualify as a Limited Electrician but have knowledge in an area(s) of specialty, you may apply for a Limited Electrician Special license:

- Elevators
- HVAC
- Pools



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APPLICATION FOR LICENSURE AS ELECTRICIAN

TYPE OF APPLICATION

1. Show which type of license you are applying for (check one):

- ☐ Master Electrician ☐ Master Electrician Special - Specialty: _____
☐ Limited Electrician ☐ Limited Electrician Special - Specialty: _____

2. Show the method of licensure (check one):

- ☐ **Reciprocal** – I hold a current license in at least one State other than Delaware. **Complete Sections A, B, and D.**
☐ **Original** – I do not hold a current license in another State. **Complete Sections A, C, and D.**

3. Do you currently hold a Delaware Limited Electrician license? Yes ☐ No ☐ If yes, enter license number:
T2- _____

SECTION A: IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

4. Name: _____
Last First Middle

5. Date of Birth (mm/dd/yyyy): _____

6. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐
• If yes, enter your SSN: _____
• If no, you must file a *Request for Exemption from Social Security Number Requirement*.

7. Mailing Address: _____
Street
City State Zip code

8. Home Phone: _____ Work Phone: _____

9. Email: _____

SECTION B: LICENSURE & WORK HISTORY - Applicants for *reciprocal licensure* complete this section.

10. List all licenses you now hold, or have ever held, as an electrician:

| STATE | LICENSE NUMBER | IS THIS LICENSE <i>CURRENT</i> ? |
|-------|----------------|----------------------------------------------------------|
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Arrange for the Delaware Board office to receive a letter of good standing and copy of the State's rules and regulations from *each* jurisdiction listed above, sent directly from the State's Board office to the Delaware Board office.

11. If none of the States where you hold a license has licensure standards substantially similar to those of Delaware, you may receive reciprocal licensure by submitting proof of practice for a minimum of **five** years after licensure. List your relevant practice or employment below, beginning with the most recent. You may add additional sheets as needed.

| | | | |
|------------------------------|------|-------------------------|-----------------------|
| Employer Name: _____ | | | |
| Employer Address: _____ | | | |
| _____ | | Street | _____ |
| _____ | City | _____ | State _____ Zip _____ |
| Your Job Title: _____ | | Employment Dates: _____ | |
| | | From | To |
| Description of Duties: _____ | | | |
| _____ | | | |
| _____ | | | |

| | | | |
|------------------------------|------|-------------------------|-----------------------|
| Employer Name: _____ | | | |
| Employer Address: _____ | | | |
| _____ | | Street | _____ |
| _____ | City | _____ | State _____ Zip _____ |
| Your Job Title: _____ | | Employment Dates: _____ | |
| | | From | To |
| Description of Duties: _____ | | | |
| _____ | | | |
| _____ | | | |

| | | | |
|------------------------------|------|-------------------------|-----------------------|
| Employer Name: _____ | | | |
| Employer Address: _____ | | | |
| _____ | | Street | _____ |
| _____ | City | _____ | State _____ Zip _____ |
| Your Job Title: _____ | | Employment Dates: _____ | |
| | | From | To |
| Description of Duties: _____ | | | |
| _____ | | | |
| _____ | | | |

As proof of the above experience, submit:

- For periods of employment, *Verification of Employment* form(s) describing your experience. If you cannot obtain the required form from the supervising licensed electrician, you may substitute tax W-2 forms showing full-time employment. **Include a letter explaining why you cannot obtain the form.**
- For periods of self-employment, tax form Schedule C.

SECTION C: APPRENTICESHIP/TRAINING/EXPERIENCE - Applicants for *original licensure* complete this section.

12. Have you completed a registered apprenticeship program? Yes ☐ No ☐ **If yes, enter:**
Supervisor: _____ Supervisor's License Number: _____
Enclose a copy of the *Certificate of Completion*.
13. Have you completed technical training (not including training used to achieve the *Certificate of Completion* in an apprenticeship program)? Yes ☐ No ☐ **If yes, arrange for the school to send an official transcript *directly* to the Board office.**
14. List your related, full-time employment beginning with the most recent. You may add additional sheets as needed.

Employer Name: _____

Employer Address: _____

City State Zip

Your Job Title: _____ Employment Dates: _____
From To

Description of Duties: _____

Employer Name: _____

Employer Address: _____

City State Zip

Your Job Title: _____ Employment Dates: _____
From To

Description of Duties: _____

Employer Name: _____

Employer Address: _____

City State Zip

Your Job Title: _____ Employment Dates: _____
From To

Description of Duties: _____

As proof of the above experience, submit *Verification of Employment* forms or tax form W-2's. If you cannot obtain the required form from the supervising licensed electrician, you may substitute tax W-2 forms showing full-time employment. **Include a letter explaining why you cannot obtain the form.**

SECTION D: DISCLOSURES - All applicants complete this section.

15. Have you been the recipient of any administrative penalties regarding your practice as an electrician such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probationary limitations, or been a party to a "consent agreement" containing conditions placed by a Board on your professional conduct and practice including any voluntary surrender of a license? Yes ☐ No ☐ **If yes, provide documentation of the action.**
16. Do you have any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you have previously been or are currently licensed or registered? Yes ☐ No ☐ **If yes, provide documentation of the proceeding or complaint.**
17. Do you have any impairment related to drugs or alcohol that would limit your ability to act as an electrician in a manner consistent with the safety of the public? Yes ☐ No ☐
18. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded.

When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

APPLICANT SIGNATURE: _____ DATE: _____

County of _____ State of _____)

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on _____.

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.